

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re: Bed Bath & Beyond of Rockford Inc.

§  
§  
§  
§

Case No. 23-13391

Lead Case No. 23-13359

Debtor(s)

☒ Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date: 03/31/2025

Petition Date: 04/23/2023

Plan Confirmed Date: 09/14/2023

Plan Effective Date: 09/29/2023

This Post-confirmation Report relates to: ☒ Reorganized Debtor

☐ Other Authorized Party or Entity: Bed Bath & Beyond of Rockford Inc.

Name of Authorized Party or Entity

/s/ Bradford J. Sandler

Signature of Responsible Party

04/29/2025

Date

Bradford J. Sandler, Esq.

Printed Name of Responsible Party

Pachulski Stang Ziehl & Jones LLP  
780 Third Avenue, 34th Floor  
New York, NY 10017-2024  
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name Bed Bath & Beyond of Rockford Inc.

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**Part 1: Summary of Post-confirmation Transfers**

|  | Current Quarter | Total Since Effective Date |
|--|-----------------|----------------------------|
| a. Total cash disbursements            | \$0             | \$0                        |
| b. Non-cash securities transferred     | \$0             | \$0                        |
| c. Other non-cash property transferred | \$0             | \$0                        |
| d. Total transferred (a+b+c)           | \$0             | \$0                        |

**Part 2: Preconfirmation Professional Fees and Expenses**

|        |  |           |                             |                        |                         |                    |     |
|--------|--|-----------|-----------------------------|------------------------|-------------------------|--------------------|-----|
| a.     |  |           | Approved<br>Current Quarter | Approved<br>Cumulative | Paid Current<br>Quarter | Paid<br>Cumulative |     |
|        | Professional fees & expenses (bankruptcy)<br>incurred by or on behalf of the debtor <i>Aggregate Total</i> |           | \$0                         | \$0                    | \$0                     | \$0                |     |
|        | <i>Itemized Breakdown by Firm</i>  |           |                             |                        |                         |                    |     |
|        |  | Firm Name | Role                        |                        |                         |                    |     |
|        | i  |           |                             | \$0                    | \$0                     | \$0                | \$0 |
|        | ii   |           |                             |                        |                         |                    |     |
|        | iii  |           |                             |                        |                         |                    |     |
|        | iv   |           |                             |                        |                         |                    |     |
|        | v  |           |                             |                        |                         |                    |     |
|        | vi   |           |                             |                        |                         |                    |     |
|        | vii  |           |                             |                        |                         |                    |     |
|        | viii   |           |                             |                        |                         |                    |     |
|        | ix   |           |                             |                        |                         |                    |     |
|        | x  |           |                             |                        |                         |                    |     |
|        | xi   |           |                             |                        |                         |                    |     |
|        | xii  |           |                             |                        |                         |                    |     |
|        | xiii   |           |                             |                        |                         |                    |     |
|        | xiv  |           |                             |                        |                         |                    |     |
|        | xv   |           |                             |                        |                         |                    |     |
|        | xvi  |           |                             |                        |                         |                    |     |
|        | xvii   |           |                             |                        |                         |                    |     |
|        | xviii  |           |                             |                        |                         |                    |     |
|        | xix  |           |                             |                        |                         |                    |     |
|        | xx   |           |                             |                        |                         |                    |     |
|        | xxi  |           |                             |                        |                         |                    |     |
|        | xxii   |           |                             |                        |                         |                    |     |
|        | xxiii  |           |                             |                        |                         |                    |     |
|        | xxiv   |           |                             |                        |                         |                    |     |
|        | xxv  |           |                             |                        |                         |                    |     |
| xxvi   |  |           |                             |                        |                         |                    |     |
| xxvii  |  |           |                             |                        |                         |                    |     |
| xxviii |  |           |                             |                        |                         |                    |     |
| xxix   |  |           |                             |                        |                         |                    |     |

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| xxxi    |  |  |  |  |  |  |
| xxxii   |  |  |  |  |  |  |
| xxxiii  |  |  |  |  |  |  |
| xxxiv   |  |  |  |  |  |  |
| xxxv    |  |  |  |  |  |  |
| xxxvi   |  |  |  |  |  |  |
| xxxvii  |  |  |  |  |  |  |
| xxxviii |  |  |  |  |  |  |
| xxxix   |  |  |  |  |  |  |
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| xliv    |  |  |  |  |  |  |
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| xlviii  |  |  |  |  |  |  |
| xlix    |  |  |  |  |  |  |
| l       |  |  |  |  |  |  |
| li      |  |  |  |  |  |  |
| lii     |  |  |  |  |  |  |
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| liv     |  |  |  |  |  |  |
| lv      |  |  |  |  |  |  |
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| lvii    |  |  |  |  |  |  |
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| lxi     |  |  |  |  |  |  |
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| lxiii   |  |  |  |  |  |  |
| lxiv    |  |  |  |  |  |  |
| lxv     |  |  |  |  |  |  |
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| lxvii   |  |  |  |  |  |  |
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|  | lxxii   |  |  |  |  |  |
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|  | xcix    |  |  |  |  |  |
|  | c       |  |  |  |  |  |
|  | ci      |  |  |  |  |  |

| b. |  |           | Approved<br>Current Quarter | Approved<br>Cumulative | Paid Current<br>Quarter | Paid<br>Cumulative |
|----|--|-----------|-----------------------------|------------------------|-------------------------|--------------------|
|    | Professional fees & expenses (nonbankruptcy)<br>incurred by or on behalf of the debtor |           | \$0                         | \$0                    | \$0                     | \$0                |
|    | <i>Aggregate Total</i>   |           |                             |                        |                         |                    |
|    | <i>Itemized Breakdown by Firm</i>  |           |                             |                        |                         |                    |
|    |  | Firm Name | Role                        |                        |                         |                    |
|    | i  |           |                             | \$0                    | \$0                     | \$0                |
|    | ii   |           |                             |                        |                         |                    |
|    | iii  |           |                             |                        |                         |                    |
|    | iv   |           |                             |                        |                         |                    |
|    | v  |           |                             |                        |                         |                    |
|    | vi   |           |                             |                        |                         |                    |

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| lviii   |  |  |  |  |  |  |
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| lxviii  |  |  |  |  |  |  |
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| lxxviii |  |  |  |  |  |  |
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| xc      |  |  |  |  |  |  |

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|    | xc   |  |  |     |     |     |     |
|    | xcii   |  |  |     |     |     |     |
|    | xciii  |  |  |     |     |     |     |
|    | xciv   |  |  |     |     |     |     |
|    | xcv  |  |  |     |     |     |     |
|    | xcvi   |  |  |     |     |     |     |
|    | xcvii  |  |  |     |     |     |     |
|    | xcviii   |  |  |     |     |     |     |
|    | xcix   |  |  |     |     |     |     |
|    | c  |  |  |     |     |     |     |
|    | ci   |  |  |     |     |     |     |
| c. | All professional fees and expenses (debtor & committees) |  |  | \$0 | \$0 | \$0 | \$0 |

### Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

|                             | Total<br>Anticipated<br>Payments<br>Under Plan | Paid Current<br>Quarter | Paid Cumulative | Allowed Claims | % Paid of<br>Allowed<br>Claims |
|-----------------------------|--|-------------------------|-----------------|----------------|--------------------------------|
| a. Administrative claims    | \$0  | \$0                     | \$0             | \$0            | 0%                             |
| b. Secured claims           | \$0  | \$0                     | \$0             | \$0            | 0%                             |
| c. Priority claims          | \$0  | \$0                     | \$0             | \$0            | 0%                             |
| d. General unsecured claims | \$0  | \$0                     | \$0             | \$0            | 0%                             |
| e. Equity interests         | \$0  | \$0                     | \$0             |                |                                |

### Part 4: Questionnaire

a. Is this a final report? Yes ☐ No ☒

If yes, give date Final Decree was entered: \_\_\_\_\_

If no, give date when the application for Final Decree is anticipated: 12/31/2025

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

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**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: [http://www.justice.gov/ust/eo/rules\\_regulations/index.htm](http://www.justice.gov/ust/eo/rules_regulations/index.htm). Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

**I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.**

/s/ Michael Goldberg

Signature of Responsible Party

Solely in his capacity as Plan Administrator

Title

Michael Goldberg, as Plan Administrator

Printed Name of Responsible Party

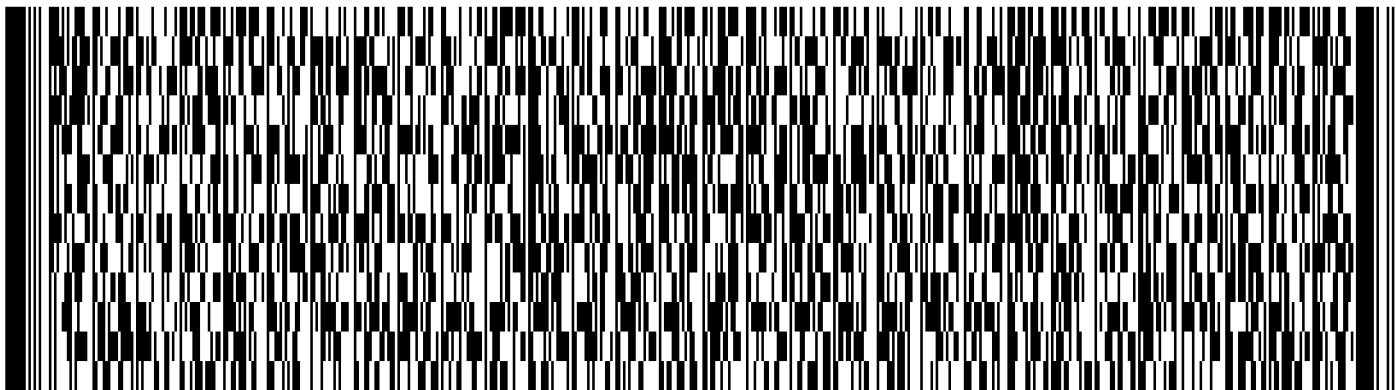
04/29/2025

Date

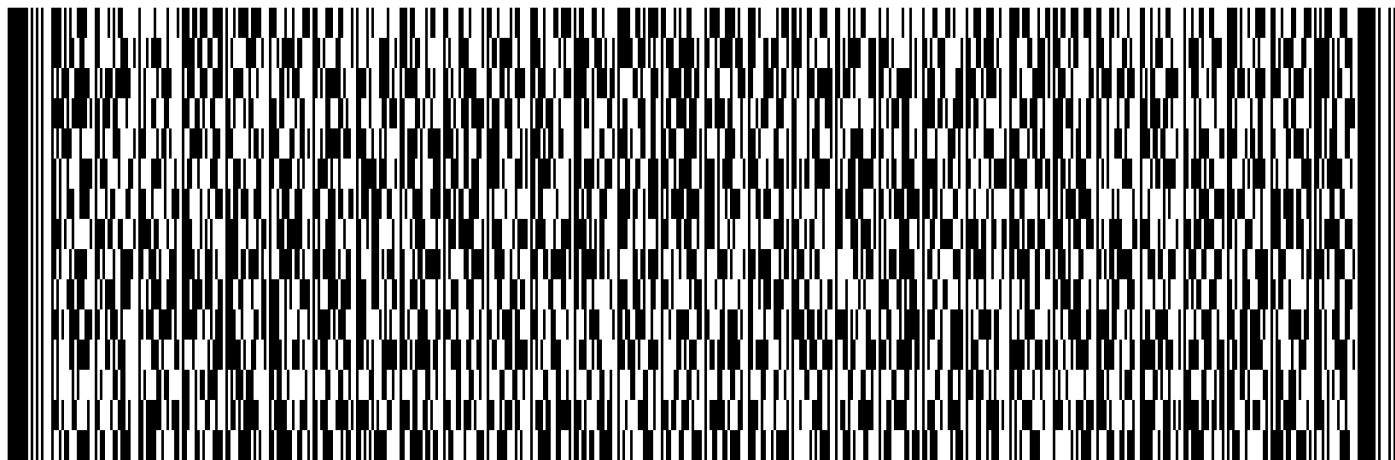


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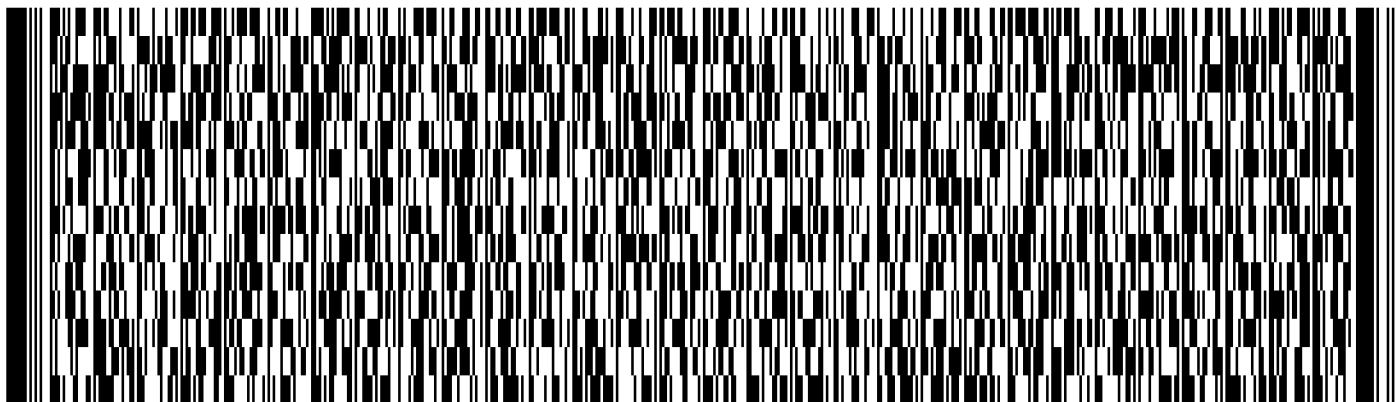
Case No. 23-13391



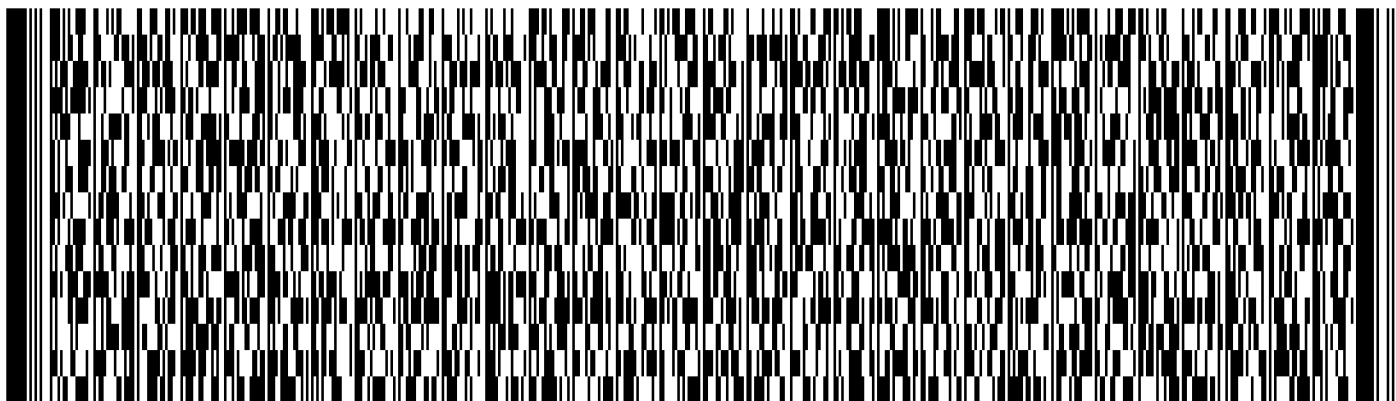
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Bankruptcy Table 1-50

Debtor's Name Bed Bath & Beyond of Rockford Inc.

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Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



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